MAPIR 6.3.1
Clinical Quality Measures
Screenshots for PY2020

Updated July 10, 2020

Contents

The page order of the CQM screens in this document follows the default order as they are initially displayed in MAPIR, which is first by the *Outcome CQMs*, then the *High Priority CQMs*, and then by *Other CQMs*.

The CMS Number for each measure is a hyperlink that will bring you to the relevant page.

For ease of reference, there are three tables in which the CMS number for each measure is a hyperlink that will bring you to the relevant page. The first table is sorted by Measure type (Outcome, High Priority or Other), the second table is sorted by CMS number, and the third table is sorted by NQF number.

CQM List, Sorted by Measure Type: Outcome, High Priority, Other

Click on the link in the CMS# column to navigate directly to the page with the screenshot.

CQM Count	UI Screen #	CMS #	CMS Version #	NQF #	CQM Type	Page #
1	850	133	8.1.000	0565e	Outcome	9
2	869	159	8.6.000	0710e	Outcome	10
3	837	75	8.1.000	N/A	Outcome	11
4	841	122	8.4.000	N/A	Outcome	12
5	872	165	8.5.000	N/A	Outcome	13
6	899	771	1.4.000	N/A	Outcome	14
7	855	138	8.1.000	0028e	High Priority	15
8	862	147	9.1.000	0041e	High Priority	16
9	857	142	8.1.000	0089e	High Priority	17
10	868	157	8.1.000	0384e	High Priority	18
11	846	129	9.0.000	0389e	High Priority	19
12	828	2	9.1.000	0418e	High Priority	20
13	834	68	9.1.000	0419e	High Priority	21
14	873	177	8.1.000	1365e	High Priority	22
15	830	50	8.0.000	N/A	High Priority	23
16	832	56	8.1.000	N/A	High Priority	24
17	833	66	8.3.000	N/A	High Priority	25
18	839	90	9.1.000	N/A	High Priority	26
19	843	125	8.4.000	N/A	High Priority	27
20	845	128	8.3.000	N/A	High Priority	28
21	847	130	8.4.000	N/A	High Priority	29
22	853	136	9.1.000	N/A	High Priority	30
23	854	137	8.5.000	N/A	High Priority	31
24	856	139	8.1.000	N/A	High Priority	32
25	861	146	8.2.000	N/A	High Priority	33
26	864	153	8.1.000	N/A	High Priority	34
27	865	154	8.1.000	N/A	High Priority	35
28	866	155	8.1.000	N/A	High Priority	36
29	867	156	8.3.000	N/A	High Priority	37
30	876	249	2.4.000	N/A	High Priority	38
31	860	145	8.2.000	0070e	Other	39
32	852	135	8.2.000	0081e	Other	40
33	859	144	8.1.000	0083e	Other	41
34	858	143	8.1.000	0086e	Other	42
35	871	161	8.1.000	0104e	Other	43
36	835	69	8.2.000	0421e	Other	44
37	863	149	8.0.000	2872e	Other	45
38	829	22	8.2.000	N/A	Other	46
39	836	74	9.1.000	N/A	Other	47
40	840	117	8.3.000	N/A	Other	48
41	842	124	8.1.000	N/A	Other	49
42	844	127	8.1.000	N/A	Other	50
43	848	131	8.4.000	N/A	Other	51
44	851	134	8.4.000	N/A	Other	52
45	874	347	3.1.000	N/A	Other	53
46	875	645	3.1.000	N/A	Other	54
47	877	349	2.0.000	N/A	Other	55

CQM List, Sorted by CMS Number

Click on the link in the CMS# column to navigate directly to the page with the screenshot.

CQM Count	UI Screen #	CMS #	CMS Version #	NQF #	CQM Type	Page #
12	828	2	9.1.000	0418e	High Priority	20
38	829	22	8.2.000	N/A	Other	46
15	830	50	8.0.000	N/A	High Priority	23
16	832	56	8.1.000	N/A	High Priority	24
17	833	66	8.3.000	N/A	High Priority	25
13	834	68	9.1.000	0419e	High Priority	21
36	835	69	8.2.000	0421e	Other	44
39	836	74	9.1.000	N/A	Other	47
3	837	75	8.1.000	N/A	Outcome	11
18	839	90	9.1.000	N/A	High Priority	26
40	840	117	8.3.000	N/A	Other	48
4	841	122	8.4.000	N/A	Outcome	12
41	842	124	8.1.000	N/A	Other	49
19	843	125	8.4.000	N/A	High Priority	27
42	844	127	8.1.000	N/A	Other	50
20	845	128	8.3.000	N/A	High Priority	28
11	846	129	9.0.000	0389e	High Priority	19
21	847	130	8.4.000	N/A	High Priority	29
43	848	131	8.4.000	N/A	Other	51
1	850	133	8.1.000	0565e	Outcome	9
44	851	134	8.4.000	N/A	Other	52
32	852	135	8.2.000	0081e	Other	40
22	853	136	9.1.000	N/A	High Priority	30
23	854	137	8.5.000	N/A	High Priority	31
7	855	138	8.1.000	0028e	High Priority	15
24	856	139	8.1.000	N/A	High Priority	32
9	857	142	8.1.000	0089e	High Priority	17
34	858	143	8.1.000	0086e	Other	42
33	859	144	8.1.000	0083e	Other	41
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25	861	146	8.2.000	N/A	High Priority	33
8	862	147	9.1.000	0041e	High Priority	16
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27	865	154	8.1.000	N/A	High Priority	35
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45	874	347	3.1.000	N/A	Other	53
47	877	349	2.0.000	N/A	Other	55
46	875	645	3.1.000	N/A	Other	54
6	899	771	1.4.000	N/A	Outcome	14

CQM List, Sorted by NQF Number

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23	854	137	8.5.000	N/A	High Priority	31
24	856	139	8.1.000	N/A	High Priority	32
5	872	165	8.5.000	N/A	Outcome	13

Get Started	R&A/Contact Info ☑	Eligibility ☑	Patient Volumes ☑	Attestation ☑	Review	Submit ☑

MEANINGFUL USE CLINICAL QUALITY MEASURES (eCQMs)

All Clinical Quality Measures in the Promoting Interoperability/EHR Incentive Program are referred to as "eCQMS" because they must be generated by a provider's Certified Electronic Health Record system. Eligible Professionals participating in the Vermont Medicaid PIP/EHRIP are not required to submit eCQMs electronically.

The 2020 eCQM reporting period for EPs is any continuous 90-day period within CY2020.

Important information for Program Year Clinical Quality Measures:

- All participating EPs are required to report on any six (6) eCQMs relevant to their scope of practice from the set of 47 available.
- In addition, EPs must report on at least one **Outcome** measure.
- If no outcome measure is relevant to his or her scope of practice, the EP must report on one High Priority measure.
- If no high priority measures are relevant to their scope of practice, they may report on any six relevant **other** measures.
- If none of the Outcome or High Priority eCQMs are relevant to the EP's scope of practice, **they must check the acknowledgement box** within each section in order to proceed to the next screen.

CMS guidance from an updated FAQ, as well as examples of MAPIR screens for Clinical Quality Measure reporting are posted here: **https://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/CQM_Screenshots_PY2020_MAPIR_6.3.pdf**

MAPIR NAVIGATION

CQMs are sorted in ascending order by NQF number. You have the ability to re-sort the CQMs by NQF or CMS number. This sorting function is available at the top of the sort column with arrows to sort the CQMs in ascending or descending order.

You will not be able to proceed with your attestation without selecting the minimum required number of CQMs. Once you have selected the CQMs and advanced to the next screen, you may use the Navigation Panel to the left of the screen to choose the order in which you enter your CQMs. You do not need to enter them in the order that they appear on the screen. You may also advance through the CQMs by completing the fields on the CQM screen and selecting "Save and Continue," which will take you to the next CQM that needs to be completed.

NOTE: The white checkmark in the green circle means the section has been completed.

It is important to SAVE all documentation and reports that support your Meaningful Use attestation, including documentation for exclusions and measures with the value of zero. If you see patients at multiple outpatient practice locations or have multiple employers, please save your Meaningful Use documentation from all sites in case of audit.

UI 898

[Begin]

UI 898-C

UI 827 MU CQM Worklist Table Screenshot from MAPIR

Screenshot 1 of 3

| Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☑ |

Attestation Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist

You must select a minimum of six (6) CQMs in order to proceed. CMS now requires that you must select at least one (1) Outcome measure or if no Outcome measures are applicable, at least one (1) High Priority measure. If no Outcome or High Priority CQMs are relevant to your scope of practice, then please choose a minimum of six (6) CQMs from the list of Other available CQMs.

If none of the Outcome or High Priority CQMs are relevant to your scope of practice, you must check the acknowledgement box within each section in order to proceed to the next screen.

CQMs below are listed by NQF number within each section. You have the ability to sort and view the CQMs by NQF or CMS number by clicking on the sort arrows below.

*Please note you are not limited to only selecting one Outcome or High Priority CQM, you may select multiple CQMs from any category with a minimum total of six (6). When all CQMs have been edited and you are satisfied with the entries, select **"Return to Main"** button to access the main attestation topic list.*

Outcome Clinical Quality Measures

NQF#	Measure#	Title	Selection
0565e	CMS133 v8.1.000	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	☐
0710e	CMS159 v8.6.000	Depression Remission at Twelve Months	☐
Not Applicable	CMS75 v8.1.000	Children Who Have Dental Decay or Cavities	☐
Not Applicable	CMS122 v8.4.000	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	☐
Not Applicable	CMS165 v8.5.000	Controlling High Blood Pressure	☐
Not Applicable	CMS771 v1.4.000	International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	☑

☐ None of the Outcome Clinical Quality Measures listed above pertain to my scope of practice.

High Priority Clinical Quality Measures

NQF#	Measure#	Title	Selection
0028e	CMS138 v8.1.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	☑
0041e	CMS147 v9.1.000	Preventive Care and Screening: Influenza Immunization	☑
0089e	CMS142 v8.1.000	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	☐
0384e	CMS157 v8.1.000	Oncology: Medical and Radiation - Pain Intensity Quantified	☐
0389e	CMS129 v9.0.000	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	☐
0418e	CMS2 v9.1.000	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	☐
0419e	CMS68 v9.1.000	Documentation of Current Medications in the Medical Record	☐
1365e	CMS177 v8.1.000	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	☐
Not Applicable	CMS50 v8.0.000	Closing the Referral Loop: Receipt of Specialist Report	☐
Not Applicable	CMS56 v8.1.000	Functional Status Assessment for Total Hip Replacement	☐
Not Applicable	CMS66 v8.3.000	Functional Status Assessment for Total Knee Replacement	☐
Not Applicable	CMS90 v9.1.000	Functional Status Assessments for Congestive Heart Failure	☐
Not Applicable	CMS125 v8.4.000	Breast Cancer Screening	☐
Not Applicable	CMS128 v8.3.000	Antidepressant Medication Management	☐
Not Applicable	CMS130 v8.4.000	Colorectal Cancer Screening	☑
Not Applicable	CMS136 v9.1.000	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	☐
Not Applicable	CMS137 v8.5.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	☐
Not Applicable	CMS139 v8.1.000	Falls: Screening for Future Fall Risk	☐
Not Applicable	CMS146 v8.2.000	Appropriate Testing for Children with Pharyngitis	☐
Not Applicable	CMS153 v8.1.000	Chlamydia Screening for Women	☐
Not Applicable	CMS154 v8.1.000	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	☐
Not Applicable	CMS155 v8.1.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	☐
Not Applicable	CMS156 v8.3.000	Use of High-Risk Medications in the Elderly	☐
Not Applicable	CMS249 v2.4.000	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	☐

☐ None of the High Priority Clinical Quality Measures listed above pertain to my scope of practice.

Other Clinical Quality Measures

NQF#	Measure#	Title	Selection
0070e	CMS145 v8.2.000	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	☐
0081e	CMS135 v8.2.000	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	☐
0083e	CMS144 v8.1.000	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	☐
0086e	CMS143 v8.1.000	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	☐
0104e	CMS161 v8.1.000	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	☐
0421e	CMS69 v8.2.000	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	☐
2872e	CMS149 v8.0.000	Dementia: Cognitive Assessment	☐
Not Applicable	CMS22 v8.2.000	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	☐
Not Applicable	CMS74 v9.1.000	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	☐
Not Applicable	CMS117 v8.3.000	Childhood Immunization Status	☐
Not Applicable	CMS124 v8.1.00	Cervical Cancer Screening	☐
Not Applicable	CMS127 v8.1.000	Pneumococcal Vaccination Status for Older Adults	☐
Not Applicable	CMS131 v8.4.000	Diabetes: Eye Exam	☑
Not Applicable	CMS134 v8.4.000	Diabetes: Medical Attention for Nephropathy	☐
Not Applicable	CMS347 v3.1.000	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	☐
Not Applicable	CMS 645 v3.1.000	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	☑
Not Applicable	CMS349 v2.9.000	HIV Screening	☑

[Return to Main]   [Reset]   [Save & Continue]

Screenshots of MAPIR 6.3.1 CQMs for PY2020

UI 850 CMS133 NQF0565e

Attestation Meaningful Use Measures

CMS133
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CMS165
CMS771
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CMS68
CMS177
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CMS56

ⓘ Click **HERE** to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS133 v8.1.000
NQF Number:	0565e
Measure Title:	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
Measure Description:	Percentage of cataract surgeries for patients aged 18 and older with a diagnosis of uncomplicated cataract and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved in the operative eye within 90 days following the cataract surgery.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [ ]   *** Denominator:** [ ]   *** Performance Rate (%):** [ ]   *** Exclusion:** [ ]

[Previous]   [Return to Main]   [Clear All Entries]   [Save & Continue]

UI 850

Attestation Meaningful Use Measures

CMS133
CMS159
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Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS159 v8.6.000
NQF Number:	0710e
Measure Title:	Depression Remission at Twelve Months
Measure Description:	The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

Stratum 1: Patient ages 12-17

* Numerator 1: [   ]   * Denominator 1: [   ]   * Performance Rate 1(%): [   ]   * Exclusion 1: [   ]

Stratum 2: Patient ages 18 and older

* Numerator 2: [   ]   * Denominator 2: [   ]   * Performance Rate 2(%): [   ]   * Exclusion 2: [   ]

[Previous]   [Return to Main]   [Clear All Entries]   [Save & Continue]

UI 869

UI 837 CMS75 NQF not applicable

Attestation Meaningful Use Measures

CMS133
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CMS165
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CMS147
CMS142
CMS157
CMS129
CMS2
CMS68
CMS177
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Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS75 v8.1.000
NQF Number:	Not Applicable
Measure Title:	Children Who Have Dental Decay or Cavities
Measure Description:	Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [　　　] 　 * Denominator: [　　　] 　 * Performance Rate (%): [　　] 　 * Exclusion: [　　　]

[Previous]　[Return to Main]　[Clear All Entries]　[Save & Continue]

UI 837

UI 841 CMS122 NQF not applicable

Attestation Meaningful Use Measures

| CMS133 | | Click **HERE** to review CMS Guidelines for this measure. |

CMS159

CMS75

CMS122

CMS165

CMS771

CMS138

CMS147

CMS142

CMS157

CMS129

CMS2

CMS68

CMS177

CMS50

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Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS122 v8.4.000
NQF Number:	Not Applicable
Measure Title:	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
Measure Description:	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* **Numerator:** [   ] * **Denominator:** [   ] * **Performance Rate (%):** [   ] * **Exclusion:** [   ]

[Previous] [Return to Main] [Clear All Entries] [Save & Continue]

UI 841

UI 872 CMS165 NQF not applicable

Attestation Meaningful Use Measures

CMS133
CMS159
CMS75
CMS122
CMS165
CMS771
CMS138
CMS147
CMS142
CMS157
CMS129
CMS2
CMS68
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*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS165 v8.5.000
NQF Number:	Not Applicable
Measure Title:	Controlling High Blood Pressure
Measure Description:	Percentage of patients 18-85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [   ]   * Denominator: [   ]   * Performance Rate (%): [   ]   * Exclusion: [   ]

[Previous]   [Return to Main]   [Clear All Entries]   [Save & Continue]

UI 872

UI 899 CMS771 NQF not applicable

Attestation Meaningful Use Measures

CMS133
CMS159
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ⓘ *Click* **HERE** *to review CMS Guidelines for this measure.*

Click the **Save & Continue** *to proceed. Click* **Previous** *to go to Selection screen. Click* **Return to Main** *to access the main attestation topic list. Click* **Clear All Entries** *to remove entered data.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS771 v1.4.000
NQF Number:	Not Applicable
Measure Title:	International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia
Measure Description:	Percentage of patients with an office visit within the measurement period and with a new diagnosis of clinically significant Benign Prostatic Hyperplasia who have International Prostate Symptoms Score (IPSS) or American Urological Association (AUA) Symptom Index (SI) documented at time of diagnosis and again 6-12 months later with an improvement of 3 points.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [ ]   * Denominator: [ ]   * Performance Rate (%): [ ]   * Exclusion: [ ]

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UI 899

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS138 v8.1.000
NQF Number:	0028e
Measure Title:	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Measure Description:	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user. Three rates are reported;

    a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months.
    b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention.
    c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

Population 1

* Numerator 1: [　　　]　　* Denominator 1: [　　　]　　* Performance Rate 1(%): [　　]　　* Exception 1: [　　　]

Population 2

* Numerator 2: [　　　]　　* Denominator 2: [　　　]　　* Performance Rate 2(%): [　　]　　* Exception 2: [　　　]

Population 3

* Numerator 3: [　　　]　　* Denominator 3: [　　　]　　* Performance Rate 3(%): [　　]　　* Exception 3: [　　　]

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UI 855

UI 862 CMS147 NQF0041e

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

> Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS147 v9.1.000
NQF Number:	0041e
Measure Title:	Preventive Care and Screening: Influenza Immunization
Measure Description:	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [_____]   * Denominator: [_____]   * Performance Rate (%): [_____]   * Exception: [_____]

[Previous]   [Return to Main]   [Clear All Entries]   [Save & Continue]

UI 862

UI 857 CMS142 NQF0089e

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS142 v8.1.000
NQF Number:	0089e
Measure Title:	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* **Numerator:** [   ] * **Denominator:** [   ] * **Performance Rate (%):** [   ] * **Exception:** [   ]

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UI 857

UI 868 CMS157 NQF0384e

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS157 v8.1.000
NQF Number:	0384e
Measure Title:	Oncology: Medical and Radiation - Pain Intensity Quantified
Measure Description:	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.
Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* **Numerator:** [   ]   * **Denominator:** [   ]   * **Performance Rate (%):** [   ]

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UI 868

UI 846 CMS129 NQF0389e

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS129 v9.0.000
NQF Number:	0389e
Measure Title:	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
Measure Description:	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [   ]   * Denominator: [   ]   * Performance Rate (%): [   ]   * Exception: [   ]

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UI 846

UI 828 CMS2 NQF0418e

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS2 v9.1.000
NQF Number:	0418e
Measure Title:	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
Measure Description:	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* **Numerator:** [____]   * **Denominator:** [____]   * **Performance Rate(%):** [____]   * **Exclusion:** [____]   * **Exception:** [____]

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UI 828

UI 834 CMS68 NQF0419e

Attestation Meaningful Use Measures

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🛈 Click **HERE** to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS68 v9.1.000
NQF Number:	0419e
Measure Title:	Documentation of Current Medications in the Medical Record
Measure Description:	Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [   ]   * Denominator: [   ]   * Performance Rate (%): [   ]   * Exception: [   ]

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UI 834

UI 873 CMS177 NQF1365e

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS177 v8.1.000
NQF Number:	1365e
Measure Title:	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
Measure Description:	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* Numerator: [   ]   * Denominator: [   ]   * Performance Rate (%): [   ]

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UI 873

UI 830 CMS50 NQF not applicable

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS50 v8.0.000
NQF Number:	Not Applicable
Measure Title:	Closing the Referral Loop: Receipt of Specialist Report
Measure Description:	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* **Numerator:** [   ]   * **Denominator:** [   ]   * **Performance Rate (%):** [   ]

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UI 830

UI 832 CMS56 NQF not applicable

Attestation Meaningful Use Measures

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ⓘ Click **HERE** *to review CMS Guidelines for this measure.*

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS56 v8.1.000
NQF Number:	Not Applicable
Measure Title:	Functional Status Assessment for Total Hip Replacement
Measure Description:	Percentage of patients 18 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [   ]   * Denominator: [   ]   * Performance Rate (%): [   ]   * Exclusion: [   ]

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UI 832

UI 833 CMS66 NQF not applicable

Attestation Meaningful Use Measures

CMS56
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ⓘ Click **HERE** to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS66 v8.3.000
NQF Number:	Not Applicable
Measure Title:	Functional Status Assessment for Total Knee Replacement
Measure Description:	Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [   ] *** Denominator:** [   ] *** Performance Rate (%):** [   ] *** Exclusion:** [   ]

[Previous] [Return to Main] [Clear All Entries] [Save & Continue]

UI 833

UI 839 CMS90 NQF not applicable

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS90 v9.1.000
NQF Number:	Not Applicable
Measure Title:	Functional Status Assessments for Congestive Heart Failure
Measure Description:	Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [   ]   * Denominator: [   ]   * Performance Rate (%): [   ]   * Exclusion: [   ]

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UI 839

UI 843 CMS125 NQF not applicable

Attestation Meaningful Use Measures

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ⓘ *Click HERE to review CMS Guidelines for this measure.*

Click the Save & Continue to proceed. Click Previous to go to Selection screen. Click Return to Main to access the main attestation topic list. Click Clear All Entries to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS125 v8.4.000
NQF Number:	Not Applicable
Measure Title:	Breast Cancer Screening
Measure Description:	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [ ]   * Denominator: [ ]   * Performance Rate (%): [ ]   * Exclusion: [ ]

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UI 843

UI 846 CMS129 NQF0389

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS128 v8.3.000
NQF Number:	Not Applicable
Measure Title:	Antidepressant Medication Management
Measure Description:	Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported;

  a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).
  b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator 1: [   ]   * Denominator 1: [   ]   * Performance Rate 1(%): [   ]   * Exclusion 1: [   ]

* Numerator 2: [   ]   * Denominator 2: [   ]   * Performance Rate 2(%): [   ]   * Exclusion 2: [   ]

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UI 845

UI 847 CMS130 NQF not applicable

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS130 v8.4.000
NQF Number:	Not Applicable
Measure Title:	Colorectal Cancer Screening
Measure Description:	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [＿＿＿＿] 　 * Denominator: [＿＿＿＿] 　 * Performance Rate (%): [＿＿] 　 * Exclusion: [＿＿＿＿]

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UI 847

UI 853 CMS136 NQF not applicable

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

> Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS136 v9.1.000
NQF Number:	Not Applicable
Measure Title:	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
Measure Description:	Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported;

  a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.
  b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

Population Criteria 1: Children 6-12 years of age

* Numerator 1: [＿＿＿]   * Denominator 1: [＿＿＿]   * Performance Rate 1(%): [＿＿]   * Exclusion 1: [＿＿＿]

Population Criteria 2: Children 6-12 years of age

* Numerator 2: [＿＿＿]   * Denominator 2: [＿＿＿]   * Performance Rate 2(%): [＿＿]   * Exclusion 2: [＿＿＿]

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UI 853

UI 854 CMS137 NQF not applicable

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS137 v8.5.000
NQF Number:	Not Applicable
Measure Title:	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Measure Description:	Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who received the following. Two rates are reported;

    a. Percentage of patients who initiated treatment including either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis.
    b. Percentage of patients who engaged in ongoing treatment including two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

Stratum 1 Patient ages 13 -17

* Numerator 1: [   ]   * Denominator 1: [   ]   * Performance Rate 1(%): [   ]   * Exclusion 1: [   ]

* Numerator 2: [   ]   * Denominator 2: [   ]   * Performance Rate 2(%): [   ]   * Exclusion 2: [   ]

Stratum 2 Patient ages >=18

* Numerator 3: [   ]   * Denominator 3: [   ]   * Performance Rate 3(%): [   ]   * Exclusion 3: [   ]

* Numerator 4: [   ]   * Denominator 4: [   ]   * Performance Rate 4(%): [   ]   * Exclusion 4: [   ]

Stratum 3 Total Patient ages >=13

* Numerator 5: [   ]   * Denominator 5: [   ]   * Performance Rate 5(%): [   ]   * Exclusion 5: [   ]

* Numerator 6: [   ]   * Denominator 6: [   ]   * Performance Rate 6(%): [   ]   * Exclusion 6: [   ]

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UI 854

UI 856 CMS139 NQF not applicable

Attestation Meaningful Use Measures

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ⓘ *Click HERE to review CMS Guidelines for this measure.*

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS139 v8.1.000
NQF Number:	Not Applicable
Measure Title:	Falls: Screening for Future Fall Risk
Measure Description:	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [　　　]   * Denominator: [　　　]   * Performance Rate (%): [　　　]   * Exclusion: [　　　]

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UI 856

UI 861 CMS146 NQF not applicable

Attestation Meaningful Use Measures

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS146 v8.2.000
NQF Number:	Not Applicable
Measure Title:	Appropriate Testing for Children with Pharyngitis
Measure Description:	Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [   ]   * Denominator: [   ]   * Performance Rate (%): [   ]   * Exclusion: [   ]

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UI 861

UI 864 CMS153 NQF not applicable

Attestation Meaningful Use Measures

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ⓘ *Click* **HERE** *to review CMS Guidelines for this measure.*

Click the **Save & Continue** *to proceed. Click* **Previous** *to go to Selection screen. Click* **Return to Main** *to access the main attestation topic list. Click* **Clear All Entries** *to remove entered data.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS153 v8.1.000
NQF Number:	Not Applicable
Measure Title:	Chlamydia Screening for Women
Measure Description:	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

Stratum 1 Patient ages 16 - 20

* Numerator 1: [ ]   * Denominator 1: [ ]   * Performance Rate 1(%): [ ]   * Exclusion 1: [ ]

Stratum 2 Patient ages 21 - 24

* Numerator 2: [ ]   * Denominator 2: [ ]   * Performance Rate 2(%): [ ]   * Exclusion 2: [ ]

Total Patient ages 16 - 24

* Numerator 3: [ ]   * Denominator 3: [ ]   * Performance Rate 3(%): [ ]   * Exclusion 3: [ ]

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UI 864

UI 865 CMS154 NQF not applicable

Attestation Meaningful Use Measures

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ⓘ *Click* **HERE** *to review CMS Guidelines for this measure.*

Click the **Save & Continue** *to proceed. Click* **Previous** *to go to Selection screen. Click* **Return to Main** *to access the main attestation topic list. Click* **Clear All Entries** *to remove entered data.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS154 v8.1.000
NQF Number:	Not Applicable
Measure Title:	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
Measure Description:	Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* **Numerator:** [   ]   * **Denominator:** [   ]   * **Performance Rate (%):** [   ]   * **Exclusion:** [   ]

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UI 865

Attestation Meaningful Use Measures

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ℹ Click **HERE** to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS155 v8.1.000
NQF Number:	Not Applicable
Measure Title:	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Measure Description:	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported;

    a. Percentage of patients with height, weight, and body mass index (BMI) percentile documentation.
    b. Percentage of patients with counseling for nutrition.
    c. Percentage of patients with counseling for physical activity.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

Stratum 1 Patient ages 3 - 11

* Numerator 1: [ ] * Denominator 1: [ ] * Performance Rate 1(%): [ ] * Exclusion 1: [ ]

* Numerator 2: [ ] * Denominator 2: [ ] * Performance Rate 2(%): [ ] * Exclusion 2: [ ]

* Numerator 3: [ ] * Denominator 3: [ ] * Performance Rate 3(%): [ ] * Exclusion 3: [ ]

Stratum 2 Patient ages 12 - 17

* Numerator 4: [ ] * Denominator 4: [ ] * Performance Rate 4(%): [ ] * Exclusion 4: [ ]

* Numerator 5: [ ] * Denominator 5: [ ] * Performance Rate 5(%): [ ] * Exclusion 5: [ ]

* Numerator 6: [ ] * Denominator 6: [ ] * Performance Rate 6(%): [ ] * Exclusion 6: [ ]

Total Patient ages 3 - 17

* Numerator 7: [ ] * Denominator 7: [ ] * Performance Rate 7(%): [ ] * Exclusion 7: [ ]

* Numerator 8: [ ] * Denominator 8: [ ] * Performance Rate 8(%): [ ] * Exclusion 8: [ ]

* Numerator 9: [ ] * Denominator 9: [ ] * Performance Rate 9(%): [ ] * Exclusion 9: [ ]

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UI 866

UI 867 CMS156 NQF not applicable

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

> Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number: CMS156 v8.3.000
NQF Number: Not Applicable
Measure Title: Use of High-Risk Medications in the Elderly
Measure Description: Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported;

    a. Percentage of patients who were ordered at least one high-risk medication.
    b. Percentage of patients who were ordered at least two of the same high-risk medications.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator 1: [   ]   * Denominator 1: [   ]   * Performance Rate 1(%): [   ]   * Exclusion 1: [   ]

* Numerator 2: [   ]   * Denominator 2: [   ]   * Performance Rate 2(%): [   ]   * Exclusion 2: [   ]

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UI 867

UI 876 CMS249 NQF not applicable

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

> Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS249 v2.4.000
NQF Number:	Not Applicable
Measure Title:	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
Measure Description:	Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [ ]　　*** Denominator:** [ ]　　*** Performance Rate (%):** [ ]　　*** Exclusion:** [ ]

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UI 876

UI 860 CMS145 NQF0070e

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ⓘ Click HERE to review CMS Guidelines for this measure.

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS145 v8.2.000
NQF Number:	0070e
Measure Title:	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [   ]   * Denominator: [   ]   * Performance Rate (%): [   ]   * Exception: [   ]

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UI 860

UI 852 CMS135 NQF0081e

Attestation Meaningful Use Measures

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS135 v8.2.000
NQF Number:	0081e
Measure Title:	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB or ARNI therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [   ]   * Denominator: [   ]   * Performance Rate (%): [   ]   * Exception: [   ]

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UI 852

UI 859 CMS144 NQF0083e

Attestation Meaningful Use Measures

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS144 v8.1.000
NQF Number:	0083e
Measure Title:	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [_____]   * Denominator: [_____]   * Performance Rate (%): [_____]   * Exception: [_____]

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UI 859

UI 858 CMS143 NQF0086e

Attestation Meaningful Use Measures

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS143 v8.1.000
NQF Number:	0086e
Measure Title:	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [_____]   * Denominator: [_____]   * Performance Rate (%): [_____]   * Exception: [_____]

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UI 858

UI 871 CMS161 NQF0104e

Attestation Meaningful Use Measures

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS161 v8.1.000
NQF Number:	0104e
Measure Title:	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

* **Numerator:** [   ]   * **Denominator:** [   ]   * **Performance Rate (%):** [   ]

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UI 871

UI 835 CMS69 NQF0451e

Attestation Meaningful Use Measures

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ⓘ *Click **HERE** to review CMS Guidelines for this measure.*

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS69 v8.2.000
NQF Number:	0421e
Measure Title:	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
Measure Description:	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.

Normal Parameters:

Age 18 years and older BMI=>18.5 and <25 kg/m2.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [   ]   * Denominator: [   ]   * Performance Rate(%): [   ]   * Exclusion: [   ]   * Exception: [   ]

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UI 835

UI 863 CMS149 NQF2872e

Attestation Meaningful Use Measures

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ⓘ *Click* **HERE** *to review CMS Guidelines for this measure.*

Click the **Save & Continue** *to proceed. Click* **Previous** *to go to Selection screen. Click* **Return to Main** *to access the main attestation topic list. Click* **Clear All Entries** *to remove entered data.*

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS149 v8.0.000
NQF Number:	2872e
Measure Title:	Dementia: Cognitive Assessment
Measure Description:	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* **Numerator:** [   ]   * **Denominator:** [   ]   * **Performance Rate (%):** [   ]   * **Exception:** [   ]

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UI 863

UI 829 CMS22 NQF not applicable

Attestation Meaningful Use Measures

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ⓘ Click **HERE** to review CMS Guidelines for this measure.

> Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS22 v8.2.000
NQF Number:	Not Applicable
Measure Title:	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Measure Description:	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [   ] * Denominator: [   ] * Performance Rate(%): [   ] * Exclusion: [   ] * Exception: [   ]

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UI 829

UI 836 CMS74 NQF not applicable

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS74 v9.1.000
NQF Number:	Not Applicable
Measure Title:	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
Measure Description:	Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

Population 1: Patients age 0 - 5

* Numerator 1: [ ]   * Denominator 1: [ ]   * Performance Rate 1(%): [ ]   * Exclusion 1: [ ]

Population 2: Patients age 6 - 12

* Numerator 2: [ ]   * Denominator 2: [ ]   * Performance Rate 2(%): [ ]   * Exclusion 2: [ ]

Population 3: Patients age 13 - 20

* Numerator 3: [ ]   * Denominator 3: [ ]   * Performance Rate 3(%): [ ]   * Exclusion 3: [ ]

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UI 836

UI 840 CMS117 NQF not applicable

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS117 v8.3.000
NQF Number:	Not Applicable
Measure Title:	Childhood Immunization Status
Measure Description:	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* **Numerator:** [＿＿＿]   * **Denominator:** [＿＿＿]   * **Performance Rate (%):** [＿＿]   * **Exclusion:** [＿＿＿]

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UI 840

UI 842 CMS124 NQF not applicable

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS124 v8.1.00
NQF Number:	Not Applicable
Measure Title:	Cervical Cancer Screening
Measure Description:	Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

*Women age 21-64 who had cervical cytology performed every 3 years.

*Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [____]   *** Denominator:** [____]   *** Performance Rate (%):** [____]   *** Exclusion:** [____]

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UI 842

UI 844 CMS127 NQF not applicable

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS127 v8.1.000
NQF Number:	Not Applicable
Measure Title:	Pneumococcal Vaccination Status for Older Adults
Measure Description:	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* **Numerator:** [   ]   * **Denominator:** [   ]   * **Performance Rate (%):** [   ]   * **Exclusion:** [   ]

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UI 844

UI 848 CMS131 NQF not applicable

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Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS131 v8.4.000
NQF Number:	Not Applicable
Measure Title:	Diabetes: Eye Exam
Measure Description:	Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* **Numerator:** [   ]   * **Denominator:** [   ]   * **Performance Rate (%):** [   ]   * **Exclusion:** [   ]

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UI 848

UI 851 CMS134 NQF not applicable

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Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS134 v8.4.000
NQF Number:	Not Applicable
Measure Title:	Diabetes: Medical Attention for Nephropathy
Measure Description:	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [____]   * Denominator: [____]   * Performance Rate (%): [____]   * Exclusion: [____]

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Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS347 v3.1.000
NQF Number:	Not Applicable
Measure Title:	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Measure Description:	Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:

*Adults aged >= 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR

*Adults aged >= 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR

*Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [＿＿＿] * Denominator: [＿＿＿] * Performance Rate(%): [＿＿] * Exclusion: [＿＿＿] * Exception: [＿＿＿]

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UI 874

UI 875 CMS645 NQF not applicable

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS 645 v3.1.000
NQF Number:	Not Applicable
Measure Title:	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy
Measure Description:	Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator: [_____]   * Denominator: [_____]   * Performance Rate (%): [_____]   * Exception: [_____]

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UI 875

UI 877 CMS349 NQF not applicable

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(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS349 v2.9.000
NQF Number:	Not Applicable
Measure Title:	HIV Screening
Measure Description:	Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate(%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* **Numerator:** [＿＿＿＿]   * **Denominator:** [＿＿＿＿]   * **Performance Rate (%):** [＿＿＿]   * **Exclusion:** [＿＿＿＿]

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